

Mother Support Task Force (MSTF)

WORLD ALLIANCE FOR BREASTFEEDING ACTION



Breastfeeding Art by
Jennifer Mourin, Malaysia

Volume 11 Number 2

published twice a year in English, Spanish, French and Portuguese

October 2013

<http://www.waba.org.my/whatwedo/gims/english.htm>
To subscribe please email: gims_gifs@yahoo.com

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When a mother kisses her baby, she 'samples' those pathogens that are on the baby's face. Those are ones that the baby is about to ingest. These samples taken up by the mother's secondary lymphoid organs like the tonsils, and memory B cells specific for those pathogens are re-stimulated. These B cells then migrate to the mother's breasts where they produce just those antibodies that the baby needs.

– Lauren Sompayrac, author of How The Immune System Works.

Quote from Why Mothers Kiss Their Babies by Judie Rall in Birthing Magazine
<http://www.birthunlimited.ca/parenting/23-why-mothers-kiss-their-babies.html>

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1. Peer Counseling; World Breastfeeding Week 2013 Theme

Anne Batterjee, WABA MSTF Coordinator

The World Breastfeeding Week 2013 theme – **Breastfeeding Support: Close to Mothers** – evolved from research and the gathering of materials on peer counseling and mother to mother support. The positive results of peer support in different areas and situations in the world are so impressive and heartwarming, that one cannot help but feel joy. Unfortunately, the opposite can be heart wrenching! The consequences that result in almost every case when there is a lack of effective peer support close to home, is often devastating.

Within the last few months, our extended family has been blessed with the birth of several infants. All the mothers wanted to breastfeed their babies and started with good intentions. The sad truth is that there was little to no peer support available to them within their communities. Sadly, one by one started formula feeding for different reasons. Without close support from family and friends, unsupportive medical practices erode the mother's ability to fight to breastfeed. One baby developed a low level of jaundice and was hospitalized, given phototherapy and his mother was instructed to stop breastfeeding. The mother of a three month old stopped breastfeeding because she is working in a non-baby friendly workplace. The stories are endless. It is heart breaking, yet what a difference it would make to mothers like these and so many others if they were to receive effective support and correct information to exclusively breastfeed for 6 months and to continue breastfeeding when solids are introduced beyond the first year.

But all is not lost. We must continue to discover ways to overcome challenges, in order to provide much needed support to mothers to enable them to breastfeed. Women's social networks are recognized to have a major impact on their health related decisions. When mothers have someone who understands and identifies with their situations, they can better enjoy and cope with motherhood. Expanding the establishment of programs that train peer counselors and facilitate peer support is a vital key to a mother's ability to sustain breastfeeding. So each one of us can take action by;

1. Creating awareness in our own circles.
2. Promoting peer counseling as a cost effective intervention in our communities.
3. Encouraging the active involvement of health professionals in the counseling process.
4. Advocating with those in positions of authority to build sustainable support systems for mothers.
5. Encouraging anyone from any walk of life to be trained to support mothers.
6. Taking every opportunity to inform women about the importance and the means of being supportive.

Together we can increase support for mothers in every corner of the world!

 Anne Batterjee, Coordinator
 WABA Mother Support Task Force
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2. MSTF Update

World Breastfeeding Week (WBW) is celebrated from 1–7 August each year in many countries, yet there are countries and communities that celebrate WBW at other times of the year. For some countries, August is the month of Breastfeeding Awareness.

WABA received 290 pledges for WBW 2012, for global events which involved more than 107,990 participants by the end of the year. We at MSTF would like to hear how you celebrated WBW 2013, creating the importance of Breastfeeding Awareness and providing Breastfeeding Support Close to Mothers. If you and your group have celebrated World Breastfeeding Week or plan to celebrate in the coming weeks and months, share it with us. Please write to WABA or email us* your story or experience to be published in our next MSTF E-Newsletter. You may have been a part of Big Latch, organized a talk, held a seminar to educate health workers or facilitated a training programme to train peer counselors. It doesn't matter if the events were highly sponsored or lacked sponsors, on a national level or in your community. It matters

that you reached out to your families, your friends, your communities. It matters that the mother of a newborn will receive the support and help she needs to breastfeed her baby and enjoy the experience.

* pushpapanadam@yahoo.com and/or beckyann39@yahoo.com

MOTHER SUPPORT FROM DIFFERENT SOURCES

3. Twenty Peer Counselors Help Mothers Breastfeed: Lamah Bakar, Malaysia

Twenty peer counselors (PC) received their certificates recently at the Malaysian Breastfeeding Peer Counselor (MBfPC) training held in Kuching, Sarawak, Malaysia. The training is the second in the state; the first, conducted in 2011, trained eleven peer counselors. Peer counselors bridge the breastfeeding gap between healthcare providers and mothers.

The project by susuibu.com trains mothers to help other mothers in breastfeeding techniques and exposes them to issues that affect breastfeeding. "Breastfeeding is natural but has become more challenging nowadays as the needs and life of a mother are far more complex compared to before," says Nor Kamariah Mohamad Alwi, founder of susuibu.com (a breastfeeding and natural parenting centre). She heads the project, started in 2010 with the training of the first group of trainers.

The project was initially supported by WABA (World Alliance for Breastfeeding Action) and UNICEF. Today, the project has over seventeen networks throughout Malaysia with 405 trained peer counselors. The two day intensive training brought together mothers from different backgrounds and races who had faced similar challenges. "I am glad to be here today as I wish to learn more and help mothers who faced the same situation that I did when I chose to breastfeed," says Christina Anthony, 35, a teacher who did not get much support as she struggled to breastfeed her first born over a year ago.

The group also discussed barriers to breastfeeding in relation to culture and the general perception of society. "When I went back to work and had to pump, my male colleagues used to make suggestive remarks and there wasn't even a nursing room," says Dayang, 32, a lecturer at a local college. Most mothers expressed the same problem as there are not many local companies or even public places that are breastfeeding friendly.

According to Kamariah, (breastfeeding-friendly) companies that adhere are usually multi-national companies that promote breastfeeding as a way to increase mother's (work) productivity and attendance in the workplace. The company also saves on staff medical bills as breastfed babies get sick less often. "I almost gave up breastfeeding in the first month but luckily I had a friend who had breastfed successfully. She was there for me; comforting and ensuring me that I can do it. That kind of support could only come from another mother," says Aishah (not real name) who also attended the training.

This year's World Breastfeeding Week theme 'Breastfeeding Support: Close to the Mothers' highlights the importance of peer counselors in ensuring a successful breastfeeding journey. World Breastfeeding Week is celebrated from August 1–7 all over the world, including in Malaysia.

The article above was adapted from <http://www.thestar.com.my/News/Community/2013/07/17/20-more-counsellors-to-help-breastfeeding-mums.aspx>
Email: sarawakstar@thestar.com.my



Husnul Khatimah Jane shares some of the feedback received from the MBfPC Training course.

Fareiny Morni: Definitely a great course. It taught me a great many things on breastfeeding, pros and cons, the medical implications. Every mom should attend it. Kudos to the organizers for creating a greater awareness to breastfeeding.

Desidre Wee: At the end of the course, I reflected on my 3 children and my breastfeeding experiences I had after each of them. It was mostly negative with my first two. MBfPC made me realize how important it is to have the needed network and helpline for moms who are facing pressure regarding breastfeeding. Not only has it brought knowledge but also realization that we need to change breastfeeding into a culture and not a trend.

Lim Re Gal: I am thankful for the MBfPC training because it included me in a wider network of mothers with diverse breastfeeding experiences. I struggled greatly in the beginning of my breastfeeding journey. Thanks to the knowledge and support freely given by other breastfeeding mothers, I am still nursing my 22 month old toddler. For this, I am eternally grateful and thus would like to shine a beam as other mothers venture on this road – You are not alone!

Koh Mei Lau: I appreciate the MBfPC course very much. I have learned a lot from all the trainees and participants. The course has improved my knowledge in managing the obstacles in breastfeeding.

Chris Anthony: I wanted to be a PC ever since a PC gave me much needed support in my darkest moment. Since then, I wanted to be able to help and provide the much needed emotional support and assist fellow mothers who may be facing difficulties in their breastfeeding journey. I definitely gained a lot from this course, from both the trainers and my fellow participants. I hope that more moms will join an MBfPC training and play our roles to make breastfeeding the norm again. It all starts from the grassroots level; moms helping moms. Moms reaching out to other moms :-).

4. One Small Step for Ethiopia – One Giant Step for Two Young Mothers Judy Norman, Ethiopia

Sebele and Beteleham are young women in Addis Ababa, Ethiopia, each returning to work three months after having a baby. Three months would seem to be quite a generous term for maternity leave, but what happens when new mothers return to work where it is not baby-friendly? Without workplace support, they cannot achieve their goals of exclusive breastfeeding until their child is six months old. Most working women in Addis Ababa are gone from home 10-11 hours each day because of transportation and lunch. In some cases, companies allow new mothers to reduce their work schedule by two hours each day, but the time away from home is still too long to avoid the use of supplements. But Sebele and Beteleham now have a pumping room where they work. Beteleham is clearly pleased: "Before this arrangement they (my family) said that I should start giving formula so that she can get used to it before I fully return to work. I was not sure about it and I have been praying."

Although breastfeeding is a cultural norm in Ethiopia, exclusive breastfeeding is not. Supplementation with cow's milk or formula for the few who can afford it, is common. Pumping is a foreign concept and even for the few who have heard of the idea, pumps are too expensive and generally of poor quality. Sebele said, "My husband encouraged me to pump but it did not work. I don't know why; maybe the pump I used was not good. If I had a chance to stay home until my baby turns six months I would have exclusively breastfed her that long."

Because of the many threats to infant health in Sub-Saharan Africa, exclusive breastfeeding is especially important to



Teaching mothers to use the pumps.



provide good health and combat infant mortality. Sebele stated, "If maternity-leave law is changed to six months it would be good if all work places can arrange a nursing or pumping room for their breastfeeding employees. This will make a big difference in maternal and child health."

Because of the generous donation from Al Bidayah Center, a breastfeeding organization in Saudi Arabia, this dream of a breastfeeding room has been fulfilled for one small non-governmental organization in Addis Ababa. With the donation of a pump and tubing, the organization has set up the room with an adjoining bathroom. This is a small start to a big problem in a big country where most women who are fortunate enough to have jobs, need to return to work. Betelehem says, "Now we will have a nursing room and this has solved my problem and my family and I are grateful."

 Judy Norman, Lactation Consultant, RN, MN, MPH, IBCLC, SIM Ethiopia. Judy has lived / worked in Addis Ababa, Ethiopia since 2006 with SIM (Serving in Mission).
 Email: judysnorman@yahoo.com

*Al Bidayah Center donated 2 hospital grade pumps along with accessories such as collection containers.

Editors' Note: *It is important that mothers learn to hand express their breastmilk. Breast pumps, as noted in this article, can be expensive and access to electricity is needed. For hand expression see: <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>*

5. The Art of Peer Counseling: Yang Jin and Guo Yan, China

The following stories were selected and submitted by Daisy Zhong and translated into English by volunteers. The MSTF Editors would like to thank Daisy Zhong, Ivy Makelin and the volunteers of LLL China.

~ Yang Jin ~

I was an enthusiastic mother advocating breastfeeding before taking part in the Breastfeeding Peer Counselor Program. Due to my extreme earnest attitude, I wanted to see all mothers on the street breastfeeding their babies. I argued with dissidents in the cyber world or parted in discord with bottle feeding mothers in my community. But I had expressed my passion wrongly, which resulted in confusing others and myself. With the help of the Peer Counselor Program, I learnt the importance of communication first and breastfeeding knowledge afterward. I realized that goodwill works when I convey it mildly and effectively. I learnt to restrain my compulsion, slow down my pace, and listen. I have seen the positive effect and the change in myself and others.

At the beginning, I tried to convert mothers who were reluctant to breastfeed into breastfeeding; from bottle feeding into mixed feeding; from mixed feeding into exclusive breastfeeding; from exclusive breastfeeding to breastfeeding for at least 2 years; from quitting breastfeeding to continued breastfeeding. I experienced disappointment when mothers did not accept my advice and felt helpless when mothers preferred to believe in unreliable doctors and even sadness when babies suffered from allergies and constipation due to formula feeding. It often seemed that I was minding other mothers' business when I had nothing to do with them.

I spent time reflecting on what I had done, and understood that I put so much energy into convincing others that I neglected those who were eager to be helped. All of a sudden, it occurred to me what a Peer Counselor trainer said: every mother chooses what she thinks is best at the moment. It is true that different beliefs lead to different choices. In this sense, no one is wrong. What needed to be changed was my own attitude towards counseling.

There are many breastfeeding mothers who really need me. Therefore, to assist those mothers is more meaningful than to argue with others. I am now more tolerant. I choose to love a happy bottle feeding mother rather than a tortured breastfeeding one. Now, I no longer dispute and flush with anger, nor do I become anxious when advice is unaccepted. I have always loved being with breastfeeding mothers. I hope this love will be shared among all mothers in the most tolerant, peaceful and mild way.

~ Guo Yan ~

One of my friends gave birth to a baby and on the second day I visited her in the hospital. Another friend delivered a baby in the same hospital, but this baby, although born with normal weight, was formula fed by the hospital for poor weight gain. The baby turned out to be seriously allergic to formula. To help the mother, I rushed to give her some breastfeeding tips. I recommended laid-back breastfeeding to the new mother, but the baby failed to suck well. I was told that the baby had swallowed amniotic fluid and was given a gastric lavage. The mother suffered from hemorrhoids, so the laid-back style caused too much pressure to her body. We waited patiently for ten minutes and I helped the mother try again. This time the baby, who was hungry, started to suck the nipple. The mother felt sore. I helped the baby's mouth open bigger so that a greater part of the areola could be sucked. The baby began to suck effectively and the mother was happy, although her nipple still hurt. When the baby had enough milk, I talked to the mother about things she needed to be aware of before leaving her to rest.

A few days later, when I called the mother to see how she was breastfeeding, she told me that it was a strenuous process. Her breasts were still engorged after she had nursed the baby, so she pumped. I first congratulated her for breastfeeding and later reminded her that using the pump after nursing would increase the milk supply steadily. When feeling engorged, she could hand squeeze the breasts for some milk and the milk supply would satisfy the baby's needs. She would not need to pump. When I called the mother again a couple of days later, I was happy to know she was enjoying breastfeeding.

~ Yang Jin ~

When I found out a mother in my community was about to give up breastfeeding her 13-month old baby, I tenderly told her about the benefits of breastfeeding as well as to suggest breastfeeding for at least 2 years as recommended by the World Health Organization. She did not think much of it and insisted on stopping. I respected her decision. Later, when we met each other with our babies in the community, we talked. I asked her gently about her baby. She told me that, although her baby had not breastfed for almost a month, she would still uncover her coat searching for the breast. If he could not get it, he would cry loudly and rejected the milk powder. I smiled and said that her baby was smart for he could tell mother's milk was better than the formula. She smiled too, but didn't breastfeed the baby. A few days later, I added this mother to my breastfeeding mother group on Wechat, where I shared breastfeeding knowledge and even posted an article about the nutritious elements of mother's milk after one year's feeding. A couple of days later when I saw her, I gave her a chart comparing the nutrition in mother's milk and milk powder. Casually, I told her that there are as many as over four hundred different nutritious elements in mother's milk but only listed half of them due to limited space. Two days later, I got a text message from her saying she would nurse her baby until the baby is ready to quit. I smiled with happiness.*

For more information on LLL China and Peer Counseling Training Programs in China, please email Ivy Makelin at babameemee@gmail.com

*WeChat is a mobile text and voice messaging communication service developed by Tencent in China, first released in January 2011.

6. Mother Support Activities by BPNI Maharashtra: Prashant Gangal, India

Mother Support was initiated by **BPNI Maharashtra** (Breastfeeding Promotion Network of India) in Mumbai, India. It started as a maternity home based activity and has continued predominantly in this form. Starting with 3 counsellors visiting one private maternity home (delivery rate of 30-40/month) mother support has expanded to cover the following:

- Over 50 private maternity homes in North-West Mumbai and its extended suburbs
- 3 Institutional Municipal Hospitals (K.E.M., Sion & Nair Hospital)
- 4 Peripheral Municipal Maternity Homes
- 5 Private Institutional Hospitals (Nanavati, Breach Candy, Seven Hills, Raheja Fortis and Ambani)

Over 60,000 mothers are counseled every year through the above points of contact. The municipal hospital activities have been supported by UNICEF Maharashtra and the Nutrition Mission of Maharashtra government.

The services offered are as follows:

- **Antenatal Out Patient Department (OPD):** Breastfeeding and Child Care Counseling to Mothers.
- **Postnatal Ward:** To solve Breastfeeding Problems such as:
 - Help the mother in Positioning and Attachment
 - Relieve Engorgement
 - Help the mothers with special needs like Nipple problems (Cracked Nipple, Flat Nipple, Retracted Nipple, Inverted Nipple)*
 - Help in attachment in babies with special need; Ankyloglossia (Tongue Tie), Cleft Lips and Palate, Twins
- **Pediatric Ward:** Breastfeeding and Complementary feeding guidelines as per IYCN (Infant and Young Child Nutrition) Indicators, Growth monitoring using WHO Growth chart.
- **NICU (Neonatal Intensive Care Unit):** Counseling to mothers and helping them in positioning and attachment and solving breastfeeding problems.
- **Well Baby Clinic and Immunization OPD:** Breastfeeding and Complementary feeding guidelines as per IYCN Indicators, Growth monitoring using WHO Growth chart.

In addition to the above, help is also offered through home visits, which are charged as per the guidelines set by the organization.

The Mother Support Counselors also participate as faculty in the following activities:

- Training of Government Health Care Providers in the state of Maharashtra and other 4 states (50,000 trained in 1 day sensitization and 4,000 in 3 day Training Of Trainers). Some counselors have put in as much as 100 days in training in the last 8 years.
- Baby Friendly Hospital Assessments and Certification.
- Advocacy and sensitization of adolescents, senior citizens and other community groups.
- Newspaper articles, radio and TV shows.
- Training of 500 Traditional Massage Women (TMW) in IYCN.
- Training of Creche Owners in IYCN.

The training and capacity building of Counselors has been done by building 3 levels of training. After completing their Level III training many counselors took the IBLCE exam and passed it to be certified as IBCLCs.

The model developed is unique due to its origin in the maternity homes and by the multipurpose role of the Counselors. We hope to send many more articles written by these counselors through subsequent issues.

 Dr. Prashant Gangal, MD, DCH, IBCLC, Practicing Pediatrician since 1990, Mother Support and Training Coordinator for BPNI Maharashtra since 1995, Co-coordinator for WABA Mother Support Task Force 2004-2013. He had a key role in establishing Mother Support Group for the first time in India, in bringing the IBCLC exam to India for the first time in 2009, in making the breast crawl video, dossier and website breastcrawl.org, and in training government health care providers in IYCN in 5 states of India.
 Contribution: Lead story, cover page and name: LLLI publication 'Hirkani's Daughters'
 Email: psgangal@gmail.com

Editors' Note: *There are different possible degrees of nipple inversion. The lesser degree of inversion is classified as slight. A baby with a normal suck will likely have no problems with bringing a slightly inverted nipple out, although a premature baby or one with a weak suck might have difficulty at first.*

Moderate to severe inversion means that the nipple retracts deeply when the areola is compressed, to a level even with or underneath the areola. A nipple with moderate to severe inversion might make latching-on and

breastfeeding difficult, but treatment and deep latch techniques can help. Treatment to stretch out the nipple might be helpful, especially during pregnancy. If the inverted nipple is only discovered after birth, treatment will still be useful, but good positioning and latch-on are most important.
<http://www.Illi.org/faq/flat.html>

7. Experiences from Brasil: Human Milk Banks Promote and Support Breastfeeding

Aracaju, Sergipe (SE): Helia Karla Brandão dos Santos Agapito

The “Marly Sarney” Human Milk Bank (HMB), a reference (centre) for the state of Sergipe, Brasil, was founded 25 years ago. Under new management since 2004, it carries out consultations focusing on pregnant women. A nurse meets the women either individually or in facilitated groups to explain taboos on breastfeeding. She also informs them of the state service that promotes, encourages and supports breastfeeding, especially in welcoming the mother-baby dyad. Apart from pregnant women, residents and students from various institutions in the health area participate in groups of 12 persons, 3 times a month. Each day, more pregnant and postpartum women seek and are welcomed by the milk bank (staff) for breastfeeding (help) by telephone, email or in person.



Group Meeting of pregnant women in Marly Sarney Human Milk Bank. Many of the women, some from other municipalities, later become donors from the bond formed during support received during pregnancy with HMB.

Bauru, São Paulo: Maria Nereida Panichi

The Human Milk Bank (HMB) of Bauru is a Human Milk Collection Centre with collection based in the homes. The city is divided into sectors and from Monday to Friday, each donor is visited at least once a week. With these frequent visits the contact of the HMB team with the donors develops into a close relationship. Every year to commemorate Donor Day, a tribute is organized for HMB. A few mothers manage to come and they have a party, presenting thank you messages, souvenirs/gifts for each mother and baby, dances, participation of massage therapy course students in partnership with SENAC, Bauru, food and drink/beverages, a visit to the Human Milk Bank and many photos! The event is organized during World Breastfeeding Week by HMB-SMS (Municipal Secretariat of Health - Secretaria Municipal de Saúde), SENAC and GAAME (Support Group for Exclusive Breastfeeding). The babies who receive breast milk are 2-6 months of age and on the average the mothers are donors for 2-4 months but often there are mothers who are donors for 6 months to a year. Coordination is carried out by the staff and members of the HMB GAAME.



HMB Donor mothers of Bauru – the HMB and GAAME team during activities celebrating “World Day of Human Milk Donation”

Editor’s Note: Brasil promotes May 19 as *World Day of Human Milk Donation.
<http://www.ipsnews.net/2012/09/breast-milk-banks-from-brazil-to-the-world/>

"On that day in 2005, the first agreement to create an international network of milk banks was signed by 13 countries and international organisations," said João Aprígio Guerra de Almeida, the coordinator of the Brazilian and Ibero-American Network of Human Milk Banks.

The only requirements under Brazilian law are that donors are healthy and are not taking any medication. The guidelines include simple recommendations for personal hygiene: clean, dry hands and forearms; a quiet, clean place away from animals; a sterilised container; and storage of the milk in a freezer.

**SENAC (National Service of Commercial Learning -Serviço Nacional de Aprendizagem Comercial)*

Manaus, Amazonas (AM): Maria Gracimar Oliveira Fecury da Gama

The Dona Lindu Women's Institute in Manaus, the State of Amazonas, founded in 2010, initiated the Project with the purpose of fulfilling Law 11,634 of the Stork Network (Maternity availability) with the participation of a companion and guaranteed birth. The institute routinely refers pregnant women through the Project in agreement with DISA SUL (SUL Health District) –SEMSA, to a multi-disciplinary team – nurses, physiotherapists, social workers, psychologists, nutritionists, Human Milk Bank, and Doulas, every Monday, Tuesday, and Thursday at 9.00am and every Monday, Wednesday and Friday at 14.00 hours (2:00 PM). Before the visit to the institute, the pregnant woman gets a nutritional snack and then visits the HMB and other sectors of the institution. She is oriented on exclusive breastfeeding, and new alternatives for natural childbirth (A bed adapted for natural birth, massage therapy, reflexology and foot baths, cutting of the umbilical cord by the companion, entrance to "natural child" - through the project "I'm not visiting, I am a child", putting on the belt in the Japanese model - offering comfort, support and security – we present the best practices the institution has developed, the Companion Law, provision of exercise and physical therapy for pregnant women.)

An average of 12 to 15 pregnant women visit the institution daily and their husbands / companions are always present during these visits. The visits are conducted by institution staff and a multidisciplinary team. This routine visit to the Dona Lidu Women's Institute has facilitated women's access to services in the institution and assures the strengthening of knowledge, sensitization on breastfeeding, as well as empowering mothers on the law and motherhood. The mothers' support group and donating breastmilk are also encouraged. The impact of this action is very positive because those who are sensitized on the importance of breastfeeding feel safer when admitted for birth, and they become knowledgeable about the various sectors of the institution while still pregnant. Furthermore, a woman becomes sensitized to donate breastmilk and contribute to the reduction of child mortality. *"The more she donates, the more she multiplies life with hope and saves lives."*



Group discussion by pregnant women in the "welcome corner" of Dona Lindu Women's Institute in Manaus. Later they visit the Human Milk Bank, the admission and the operating room, the neonatal ICU and the auditorium hall for breastfeeding support and the Project on placement track on the Japanese model.

The above articles were submitted by Regina da Silva of Belo Horizonte, Brasil. More articles on Human Milk Banks and Breastfeeding Support in Brasil will be published in the next issue of the MSTF E-Newsletter.

8. Breastfeeding was Easier the Second Time: Dunia Guerrero, Peru

When I was a child and looked at my cat calmly breastfeeding her kittens, I thought that it was easy and the most natural thing in the world. Which was why when I became pregnant, I did not think much preparation was necessary. It came as a great surprise when I became a mother for the first time, filled with much love for my little daughter and to learn that I knew very little on how to feed her!

Our nursing was very far from the beautiful images that I had seen where everything seemed to flow happily between mother and baby. On the contrary, I felt my tiredness increase and my baby was never satisfied. The cot which we had decorated with so much excitement for our daughter seemed to have thorns. It did not matter how sleepy she was, because as soon as we placed her there, she woke up crying and was only calmed by my breast.



Dunia Guerrero

The pediatrician told me that I would give her otitis if I breastfed her lying down. I wanted to be a good mother, so I obediently sat at every breastfeeding session. Breastfeeding was anything but easy and when my daughter turned 3 months I was on the verge of collapse. I felt frustrated at not being able to carry out basic functions like bathing or eating calmly and I began to understand why some people refer to breastfeeding as a great sacrifice. The only thing that encouraged me to continue was to see the smile of my little girl.

My husband would come home from work, prepare dinner and even feed me while I held our little girl – who seemed to never let go of me. At times he would calm me by telling me of what he had found on the internet *“looks like it is a growth spurt, you have to continue to breastfeed”* or *“many babies become restless when night comes.”*

I attended my first breastfeeding mother to mother support group with my father, taking my 3 month old daughter and the sling (baby wearing cloth) which I had bought because it promised to free me from sitting and breastfeeding at home in the hope that someone would show me how to use it (I did not understand the instructions.) I did not only learn to put my daughter in the sling and nurse her there but also found a network of support from women who had experienced or were experiencing what I was going through. I learned what it was to enjoy breastfeeding, made great friends and also felt comforted, understood and encouraged. The group also had a magnificent library and month after month I enjoyed reading books which otherwise were unavailable in my country. Thanks to breastfeeding, I had a wonderful relationship with my daughter and could understand her better intuitively and started to prepare to help other mothers as I was helped. I cannot imagine what type of mother I would have been had I not been so supported in this group.

One night when I was trying to get my daughter to sleep by breastfeeding as was her habit, she told me clearly: *“No, only your arm”* later being settled she fell asleep. I was very surprised and thought that she would ask to breastfeed when she woke up but she did not do so. It seemed she was ready to let go and that was the end of a great stage of our lives at 2 years and 10 months. I remember feeling a mixture of pride for all that we had achieved, emotion thinking of the new stages that we would experience, but also an inexplicable sadness and emptiness, as if a beloved person had disappeared.

A year later, I had another baby. This time, thanks to my experience, I had different expectations and everything was easier from the start. I knew that he would not have otitis by breastfeeding and sleeping together would improve our nights. When my breasts dripped with milk, my elder daughter would collect it in *“a milk cup”* which we were given in the clinic. While my little one nursed at the breast, she would fill the cup from the other breast, laughing and then drink it and say: *“it is delicious!!!”*

The first word of my son was *“teta”* (breast) and during various months used it not only to ask for the breast but also to call me. Later, he started to play with toy cars while breastfeeding and many times I had to breastfeed his toy cars as well.

Now my younger son is 4 years old and we continue to enjoy this experience. It takes less than 5 minutes for him to go to sleep, and it is very easy to calm him at the breast when something goes wrong (a fall or something frustrating). Perhaps for being the second child, we do not have the pressure to wean and that makes it easier. I know that there will come a time when he will stop by himself. Most likely, I will be the one who will miss it more, but while it lasts, we are very happy sharing these moments which become shorter and far between.

 Dunia Guerrero, mother to 2 children, 8 and 4 years old (a girl and a boy), LLL Leader in Peru since 2010
 Email: dunia@lllperu.org

9. How Long to Breastfeed? : Teresa Heredia – Stepper, USA

Samuel Joshua was born by cesarean birth, on March 9, 2007. That same day a nurse removed my colostrum with a double electric extractor for my baby in the NICU (Neonatal Intensive Care Unit). On the third day I was able to hold him in my arms, breastfeed him and take him home ... starting our wonderful breastfeeding journey together.



I am a positive mother and saw my son grow and gain weight in the first few months. We overcame challenges (mastitis) thanks to the unconditional support of La Leche League (LLL). The visits to the pediatrician were fabulous until the sixth month.... that "supposedly" is the beginning of "meals / purees ", and my headaches began... my son wanted more "titi" (the breast) than he wanted the yellow potato with spinach. Is it right to force him to leave the breast and eat??? .. I thought.

The pediatrician told me " Ma'am, it's time to wean your son ... he must eat. Now breast milk is not as important". I ignored him. The seventh and eighth month passed and only then did Samuel Joshua show interest in foods: potatoes, rice, vegetables ... discovering new flavors. We continued breastfeeding and with long latches!

When he was 1 year old, we went to the pediatrician again... normal height and weight. When the pediatrician noticed that my son wanted to breastfeed, he said, "Lady, your child is already 1 year old, it is time to wean. He must eat from the family pot, no more mother's milk!... cow's milk is better; it has more fat, etc. Here is a sample of formula, try it, your baby will be fine".

The question started in my head: "How long to breastfeed ?"

When we moved to Bolivia for work, my child became terribly sick because of contaminated water. He had diarrhea 14 times in a day, lost weight and lacked appetite. He seemed skin and bones. His stomach was not digesting food, and what he took in, came out. The doctors hospitalized him and recommended a diet of " 6 bottles of cow's milk with sugar and soup" every day. I was not allowed to give my breastmilk. They did gastric washings, etc. They gave cow's milk* through nasogastric tube which he vomited. That was the last straw. I decided to breastfeed him, the only food that he did not vomit and he was calmed. He had high fevers. I breastfed him secretly. There was a nurse technician who weighed him immediately whenever I breastfed my son to see if he had gained weight. This seemed pointless to me!!

I called Alison Velasco, LLL Leader in Peru, who contacted Carola Beck, a pediatrician and Bolivian LLL Leader. Carola told me very calmly but firmly: "Teresa, go home with your child." I returned to the hospital and signed a voluntary discharge for my son. We returned to Peru and continued to fight for his recovery. Doctors prescribed antibiotics, Samuel Joshua improved, ate and breastfed. The disease was controlled.

Samuel Joshua ate well, was healthy and always asked for "titi". When he was 2 years old, I heard comments like, "that child is already big to suck titi", "are you not ashamed to continue breastfeeding?", "He is sucking your blood," "You didn't see how pale you are?", "what is this bad behavior?", " when he grows up... he will have sexual problems, be careful of what you do!", "you are psychologically destroying him" .

One day when Samuel Joshua was 3 years 2 months old, he said, “Mommy, I’m big boy and I don’t want titi anymore”. I remember we hugged; he ran off to play. That same day... when he was on my lap, he placed his little hand under my shirt and tried to touch the nipple. This continued for four more months, then no more.

Since extended breastfeeding is important for the health of the child and the mother, **it is important that a pediatrician support a mother who wants to breastfeed her child beyond 2 years.** I feel that my breastmilk was the only resource that kept my son alive during his illness.

Samuel Joshua is now a healthy 6 years old. My doubts and questions found their answers in evidence; history and science on prolonged breastfeeding. I feel that extended breastfeeding is a natural process that should be decided mutually by a mother and child.

Teresa Heredia – Stepper, Oregon, USA

* According to Teresa, her baby was given cow’s milk, not formula because she tasted it.

Editors’ Note: *If you have breastfed your baby or are breastfeeding your baby or know of someone who is breastfeeding their baby, please share your/their experience.*

FATHER SUPPORT

10. Experiencing Breastfeeding through My Lens: Stanley Ong, Philippines

The saying goes ‘it’s no use crying over spilled milk’, but in my case, the opposite was true.

Shortly after our daughter Naima was born, my wife Jenny had just finished expressing breastmilk when about 3 ounces spilled. All she could do was cry. At that time, she was still mixed feeding because of wrong information and jaundice. She had a difficult time expressing during those first few weeks and she really wanted to exclusively breastfeed Naima.

I felt bad seeing my wife in tears. Those tears changed my life, though, and I realized that she needed my full support in breastfeeding. As a father, I cannot have the same bonding experience that Jenny had while breastfeeding Naima, now 5, and Erik, 2. But I am man enough to participate in a different kind of bond by supporting her efforts to nourish our children naturally and being actively involved in their care. I gave my wife extra hands so she could be stress-free about producing milk; I bathe the kids, change diapers, read a story and put them to bed.

As a photographer, I found another opportunity to be of service to my wife’s advocacy. Since 2008, in August, I have been exhibiting photos of breastfeeding mothers and their children during Breastfeeding Awareness Month. Each show has been a unique opportunity to address specific issues facing nursing mothers, from the lack of support in the workplace to the gender and generational misperceptions held by spouses and grandparents.

In the urban cities in the Philippines, breastfeeding in public is viewed as indiscreet and even vulgar. My goal with each photograph is to show that breastfeeding is beautiful and empowering and not immodest. There are real stories behind every woman breastfeeding and the special interaction that takes place between mother and child. Hopefully, these images convey that it is the natural bond they should see and not the naked breasts that they think they see. This is experiencing through images. These exhibits are a long-term commitment, just as breastfeeding is a commitment that can last years after a child is grown. Someday, our children will be parents and I am building a foundation of breastfeeding culture for them.



Our goal is to encourage mothers to proudly breastfeed, even in public, and to educate others so that we can all help to create a welcoming and supportive environment. That is the kind of world that Jenny and I want for our children and for all children. This is the norm and not the exception.

Stanley Ong is an accomplished photographer and owner of Stanley Ong Photography in Metro Manila, Philippines. His portfolio features subjects from celebrities and models to food, travel and interior design. His works have appeared in advertising campaigns, lifestyle magazines and photography exhibits, but his specialty is family and children's portraiture.
Email: stanong@stanleyongphotography.com

Stanley writes: Some photos are currently in the Senate on display and some are in the House of Representatives.

Starting 12 August 2013, these photos will be exhibited in Shangri-la Plaza Mall, Metro Manila.

Stanley's breastfeeding photos can be seen at:

<https://www.facebook.com/media/set/?set=a.333223773432292.82104.118466918241313&type=3>

<https://www.facebook.com/media/set/?set=a.119482191473119.31382.118466918241313&type=3>

11. A Tribute to Mohd Nizam b. Mohd Yunus, Father of My 4 Children: Ning Desiyanti Soehartojo, Malaysia

My dear children,
On the day you were all born,
He, your father held you in his arms and made
Doa* to provide, protect and guide you Insha Allah(God Willing)
Nervous and anxious I was those early days, but your father was
Instead cool, calm and collected. Without his
Zealous support in breastfeeding
And parenting in general, I
May not have enjoyed and continued breastfeeding. Believe
Me, each time it was not easy at first returning to work plus the
On-calls 2 – 3 times/week. Whenever I was on-call at work,
He was on call too - at home and looked after all of you.
Did you know that he diligently warmed the expressed breastmilk, fed
You on those nights? Comforted and nurtured you as well on many other nights and days?
Yup, your father, the
Unsung hero in our family.
Not a man of many words, and yet he is fun, he's our friend and confidante. He
Unwittingly guides me to become a better parent too. He is my
Soulmate, the one you affectionately call 'AYAH'.

Breastfeeding support starts from home. Without the support of her husband, Ning believes she would not be where she is right now. This amateur entry is a tribute to her husband, Dr. Mohd Nizam b. Mohd Yunus, a dental surgeon in private practice.

Dr. Ning Desiyanti Soehartojo is the mother of 4 children. She is a certified Lactation Consultant (IBCLC) under Susuibu.com – the Breastfeeding & Natural Parenting Centre based in Malaysia. She volunteers as a Peer Counselor Program Administrator with the Malaysian Breastfeeding Peer Counselor Association (MBFPCA – a non-profit organization, a growing network of trained breastfeeding peer counselors). Her mission as a member of these 2 organisations is to reach out to mothers and the community, empower and support them in their breastfeeding journey.

* Doa - prayers

12. Breastfeeding: Tattooed in My Heart: Miguel Antonio Quebral, Philippines

I am Daddy Migs to my two beautiful daughters. Ten years ago, I was a clueless dad and thus we ended up formula feeding 80% of the time. As with any mixed feeding, my wife's breastfeeding ended when my daughter was three months old. Since then, I have always been a hands-on dad to my elder daughter.

Even after my 24-hour clinic work/shift, I would get home and take care of our elder daughter while I let my wife do some chores or let her rest and sleep. The needs of my wife and children come before mine. They are my love and my life.

My wife belongs to an online support group N@W or Newlyweds at work. A lot of moms in this group are either breastfeeding or are breastfeeding advocates working for the promotion, protection and support in the Philippines. They might just be virtual friends but they are very influential on her, especially in her decision to breastfeed our next child.

When she got pregnant with our younger child, I often saw her excitedly reading and researching on breastfeeding. Then she would tell me all the wonderful things about breastfeeding. I did not see it as such a big deal. Although most of the time I did not understand the things that she was telling me, I would still listen to her talk about it with gusto.

Our daughters have a 10-year gap. Unexpectedly, our baby Akeila was born prematurely. She was only 30 weeks (7 months) when she was born, weighing only 1 kg (2.2 lbs). She was the smallest baby I have ever seen. It was heartbreaking to see our daughter so small in the NICU (Neonatal Intensive Care Unit) inside the incubator with tubes attached to her.

This moment changed my life. This is the moment when I grasped how important breastmilk is, especially for premature babies. Our baby's neonatologist convinced us to give breastmilk to baby Akeila so that her chances of survival would increase and she could be discharged earlier. Our baby was in the hospital for almost two months and it took an emotional, psychological and financial toll on us. But my wife kept on and we were willing to fight for our daughter. My wife would express her breastmilk in the house. She would build her supply of expressed milk and we would deliver it to our baby in the hospital. I was amazed every time I saw her overflowing milk. When she became worried that her milk supply was getting low, I would cheer for her. She loves that I cook her Filipino galactagogue foods to boost her supply and build her confidence again. I was there for my most beloved in times when they needed me most.

While baby Akeila was in the NICU, my wife became a part of the Facebook group Breastfeeding Pinays. It is an online support group for breastfeeding mothers that was also formed by the members of Newlyweds at work. This support group really helped my wife in breastfeeding Akeila. They were there to answer all her questions or by just simply supporting her 24/7 (24 hours 7 days a week).

Baby Akeila was a fighter and it made a lot of difference that she was fed my wife's special and precious preterm milk. She outdid a lot of her NICU 'roommates' even if she was the smallest, so after two months of mother-baby separation, our baby was finally home. At home, my wife started to breastfeed her. Being so inexperienced, she had difficulty sleeping through the night since our baby would breastfeed every 2-3 hours or sometimes every hour. I too did not get enough sleep because I would wake up every time my wife would wake in the wee hours of the night to put the baby to sleep in my arms/chest. Despite the lack of sleep, formula was never an option for us. We made an informed choice and the choice was breastmilk.

One Saturday morning, my wife told me she wanted to attend the online group for their breastfeeding 101 session. So the four of us went and came back home with so many new things to learn and practice. I was in awe when they explained the benefits and the importance of breastfeeding especially for premies. I learned how amazing a woman's body is! I learned that my wife can sleep and breastfeed at the same time. I saw her express her milk from her breasts using her hands. And I learned to cup-feed baby Akeila. Right then, I became a breastfeeding advocate.

Now my wife sleeps and breastfeeds at the same time. I help her position herself using pillows and rolled towels. When she has work or errands, I cup-feed our baby with her expressed breastmilk. I can see how powerful breastmilk is- everyone in the house has cough and colds, but baby Akeila has not gotten sick.

Last month, our baby went through laser surgery. She has a ROP or Retinopathy of Prematurity - an eye disorder common to premies. It was heartbreaking for us knowing that she would be sedated and go through such a procedure at a very young age. Seeing and hearing her cry in pain really broke our hearts.



It was hard especially for my wife to hear our baby cry in hunger as our daughter was not allowed to drink milk for a few hours before the procedure. So right after the laser surgery, when our baby was fully awake, she was breastfed right away. She was able to recover sooner than expected.

Seeing a baby grow from a meager 1 kg (2.2 lbs.) to a whopping 4 kg (8 lbs. 8 oz.) in just a matter of 4 months would convince any father to support his wife. Before this breastfeeding education, I saw women's breasts as ornaments. Now, I see breasts as nourishment and empowerment. In the office, my mommy friends would listen to me go on and on about breastfeeding. Things I learned from the experts are now in my heart. Imagine a long haired tattooed guy, talking about breastfeeding! But then again, **real men support breastfeeding!**

Miguel Antonio Quebral is the father of 2 daughters, Telisha Nicole (10 years old) and Akeila Mishka (4 1/2 months old). He's working in a BPO (Business Process Outsourcing) Industry as a Senior Associate.

If you are a father supporting breastfeeding, or know of someone working with a father support group, please submit your story.

The Global Initiative for Father Support (GIFS) was launched at the Global Forum II, Arusha, Tanzania, 2002 to support Fathers of breastfeeding children.

In October 2006, in Penang, Malaysia, the WABA Men's Initiative was born. To learn more about how you can be involved, please contact the Coordinator of the Men's Working Group (MWG) James Achanyi-Fontem <camlink2001@yahoo.com> or the Regional Focal Persons:

<i>Europe – Per Gunnar Engblom</i>	<i>pergunnar.engblom@vipappor.se</i>
<i>Africa – Ray Maseko</i>	<i>maseko@realnet.co.sz</i>
<i>South Asia – Qamar Naseem</i>	<i>bveins@hotmail.com</i>
<i>Latin America & Caribbean – Arturo Arteaga Villaroel</i>	<i>arturoa36@hotmail.com</i>

*For further information on the WABA Men's Initiative see:
<http://www.waba.org.my/whatwedo/mensinitiative/index.htm>*

BREASTFEEDING ADVOCATES – New Directions

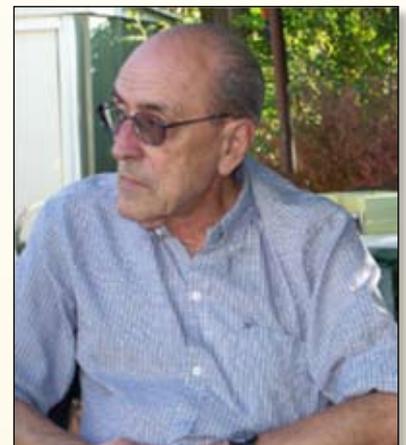
Many individuals around the world are working faithfully and with dedication to support mothers in their breastfeeding experiences. In **New Directions** we would like to honor MANY breastfeeding advocates. Please send 3–5 sentences (75 words or less) on the person you feel should be recognized for promoting, protecting and supporting breastfeeding. Longer articles are also welcome.

13. Dr. Carlos Beccar Varela, a Revolutionary in Nurturing Baby at the Breast: Marcela Jurquiza, Argentina

On September 3 2013, we received news of the passing away of our beloved Dr. Carlos Beccar Varela. Dr. Carlos, who was 80 years old in July, died in the midst of a family celebration surrounded by his wife Caralina, his 10 children and his many grandchildren.

He was a pediatrician, with more than 45 years of experience, a leading authority in breastfeeding and had helped hundreds of women to know and fulfil motherhood in the sublime art of nurturing their children through the natural practice of breastfeeding. He was a loving revolutionary in the (art of) nurturing at the breast.

He conducted seminars and breastfeeding training workshops for health professionals and was a consultant for the Pan-American Health Organization (PAHO). In 1987 he won an award "Sociedad Argentina



de Pediatría" (Pediatric Society of Argentina), and in 1993 was awarded First prize for Independent Work at the First Argentinian Symposium on Breastfeeding. He was a medical advisor for La Leche League (LLL) Argentina for more than 20 years, and advisor for Fundalam, a private entity that offered support for breastfeeding where he developed teaching assignments for a university career in childcare.

Dr. Carlos graduated as a doctor in 1960 and as a pediatrician in 1970. In 1974, he researched the characteristics of breastmilk when commissioned by an infant formula manufacturer, to certify the quality of its formula compared to breastmilk. When the work ended, he became interested in breastfeeding. He continued his research and analysis of the situations presented in his office.

He published many books among which were "*Lactancia materna, guía profesional* (Breastfeeding – a professional guide)", "*Lactancia feliz – Happy Breastfeeding*", a "*Módulo de capacitación sobre lactancia materna para técnicos medios y auxiliares – Training Module on Breastfeeding for medical technicians and assistants*" and his main book, "*El Arte de Amamantar a Tu Hijo – The art of Breastfeeding your child*", has 12 editions, including a digital one.

In *El Arte de Amamantar a Tu Hijo*, he wrote:

"This book has been written for you, the mother who is expecting her child or who has just delivered. You want the best for your child so you will give a home, shelter, care and food with love. You know that your milk is good food for your child because you have heard many people say so or read so many times of it. But perhaps you feel uncertain about breastfeeding successfully because you are afraid you will be left without milk or it will not be sufficiently nutritive. These are erroneous concepts like most others which circulate daily in conversations with patients, friends and neighbours. This book hopes to correct them."

From these publications the pro-breastfeeding concept of "ASESUPA" (in Spanish) was established. It refers to the 5 basic needs of all babies: Food, Suction, Stimulations, Sleep and Carry (baby carried in arms).

His activities in LLL Argentina left an indelible mark and his teachings continue to be transmitted in simple, clear, loving yet forceful ways, with touches of humour, filled with humanity to defuse situations. His teachings are highly valued and taken as examples in numerous occasions.

Marcela Jurquiza, La Leche League Leader, Mar de Plata, Argentina

*Please see the messages from LLL Leaders, Argentina on Dr. Carlos Beccar Varela, published under **To Remember** below.*

Editors' Note: *We would like to also recognize all those who indirectly support breastfeeding, through their support OF a breastfeeding advocate! Thank you!*

NEWS FROM THE BREASTFEEDING WORLD

14. Breastfeeding Cartoons on the Website: Ivy Makelin, China

Breastfeeding Cartoons will soon be available on the website of La Leche League (LLL) China. LLL China recently hosted a Breastfeeding Cartoon contest where ownership of the submitted cartoons will belong to LLL China. LLL China intends to create a royalty free public domain, downloadable cartoon library for the purpose of encouraging breastfeeding promotion and advocacy worldwide. The cartoons may be used for future promotional materials for breastfeeding, including but not limited to posters, calendars, and public service announcements.

Further information please contact: Ivy Makelin, LLL China, Beijing at babameemee@gmail.com

15. HealthPhone: Saving the Lives of Millions of Babies and Mothers

HealthPhone™ announced the launch of UNICEF's Ammaji Channel, featuring the Facts for Life videos in Hindi, at healthphone.org! Filled with engaging educational videos on health, nutrition, sanitation, hygiene and related topics, this is an app that can save and better the lives of India's most vulnerable mothers and babies. This library of 42 videos, covers 13 critical health and nutrition topics, builds on the existing 1,400 videos already on the site, which feature content in 61 languages and provides parents, caregivers and health workers with essential information that has never before been available to millions of rural communities and families.

Watch and use these videos for FREE today!
<http://www.healthphone.org/ammaji/>

16. New study reveals important role of insulin in making breast milk

A new study by scientists at Cincinnati Children's Hospital Medical Center and the University of California Davis adds to their previous research implicating insulin's role in lactation success. Earlier research had shown that for mothers with markers of sub-optimal glucose metabolism, such as being overweight, being at an advanced maternal age, or having a large birth-weight baby, it takes longer for their milk to come in, suggesting a role for insulin in the mammary gland. The new research shows how the mammary gland becomes sensitive to insulin during lactation.

"The ideal approach is a preventive one," says Laurie Nommsen-Rivers, PhD, a scientist at Cincinnati Children's and corresponding author of the study, published online in PLOS ONE*, a journal of the Public Library of Science. "Modifications in diet and exercise are more powerful than any drug. After this clinical trial, we hope to study those interventions."

<http://medicalxpress.com/news/2013-07-reveals-important-role-insulin-breast.html>
<http://www.sciencedaily.com/releases/2013/07/130705212228.htm>

* **Editors' Note:** For the study published online – RNA Sequencing of the Human Milk Fat Layer Transcriptome Reveals Distinct Gene Expression Profiles at Three Stages of Lactation – see <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0067531#s2>

17. Predictors of non-exclusive breastfeeding at 6 months among rural mothers in east Ethiopia: a community-based analytical cross-sectional study Gudina Egata, Yemane Berhane and Alemayehu Worku

Background: Exclusive breastfeeding in infants aged under six months is a simple and cost-effective feeding method that ensures better infant and child survival and boosts the achievement of child related Millennium Development Goals in the developing world. Identifying factors associated with good breastfeeding practice helps to increase its coverage and maximize its advantages through improved advocacy. The objective of this study was to identify the predictors of non-exclusive breastfeeding in the rural areas of eastern Ethiopia.

Methods: A community-based analytical cross-sectional study was conducted on mother/caregiver-child pairs in east Ethiopia from July to August 2011. Data on infant feeding practices were collected by trained interviewers who used a pretested and structured questionnaire. Odds ratio with a 95% confidence interval was estimated for the predictors of non-exclusive breastfeeding using the multivariable logistic regression.

Results: The prevalence of non-exclusive breastfeeding in infants aged under six months, was 28.3%. Non-exclusive breastfeeding was more likely to be practiced by mothers who were not married at the moment [AOR (95% CI) = 2.6 (1.1, 6.0)], mothers who had no access to health facility [AOR (95% CI) = 2.9 (1.9, 4.3)], and mothers whose knowledge about infant and young child feeding practices was low [AOR (95% CI) = 3.4 (2.4, 4.7)].

Conclusion: Non-exclusive breastfeeding was more common among mothers with no marital relationships, poor access to health facilities, and inadequate knowledge about infant and young child feeding practices. Family support, education, and behavior change communication on infant feeding, especially on exclusive breastfeeding, at the community level may improve the knowledge, behavior, and practice of mothers on optimal infant and young child feeding practices.

The above article is available at <http://www.internationalbreastfeedingjournal.com/content/8/1/8>
International Breastfeeding Journal 2013, 8:8 doi:10.1186/1746-4358-8-8

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18. Milk Production After Weaning – A Study

This questionnaire (see <http://www.ncbi.nlm.nih.gov/books/NBK153471/pdf/TOC.pdf>) has been prepared for a study designed to determine the length of time mothers produce milk once their children have stopped breastfeeding. It is our hypothesis that it is normal for mothers to produce milk for months or years after their children last breastfed and if this is confirmed it would help mothers avoid unnecessary tests, unnecessary worry which some undergo when they find out they are still producing milk.

To participate: 1) Your child should have stopped breastfeeding at least 2 months before. 2) We will be asking you to express your milk on the first day of each month, just enough to determine if any milk is there. 3) We will send you an email remainder with a link to a questionnaire to fill in each month. Follow up questionnaires will be short and take no more than a minute of your time. You may view it here: <https://docs.google.com/spreadsheets/viewform?formkey=dEF1VFdaQ2J5eXJkSlJ6ejZWczZ2NHc6MA>

You may choose to stop participating in the study anytime you wish. The information you provide will be used solely for the purposes of this study, will be treated as confidential and no possible identifying information will be shared with anyone apart from the investigators and not included in any published information.

Investigators: Dr. Jack Newman, FRCPC; Andrea Polokova

BREASTFEEDING RESOURCES

19. IBFAN-ICDC Legal Update, July 2013: IBFAN Penang, Malaysia

IBFAN – ICDC Legal Update, July 2013 is available for downloading!

In the July 2013 issue, the focus is on the story of patenting human milk components. These patents are then used as claims for formula companies to promote their products. Formula companies use such patents to claim ownership over processes and substances they copy from breastmilk.

Legal Update is also happy to announce that El Salvador has finally adopted a Law on Promotion and Protection of Breastfeeding, which includes many provisions of the International Code.

To download a copy of Legal Update (July 2013) <http://www.ibfan.org/art/LU-July2013.pdf>

Raja Abdul Razak, Publications Support, IBFAN-ICDC, Penang
Email: ibfanpg@gmail.com

20. Breastfeeding Today, June–August 2013

Many medical interventions during labor and birth have not been shown to improve outcomes as much as they have been found to complicate matters. Your baby's willingness and ability to breastfeed, too, may be affected by what happens during the birth. I found breastfeeding my second and third babies very straightforward following their gentle home births, whereas I'd really struggled to latch on my first baby following his difficult birth and an initial separation. Teresa Pitman examines some of the common interventions and possible side effects that mothers meet when giving birth. She suggests strategies for overcoming some of the challenges to breastfeeding that may result.

Breastfeeding Today is available both online and in print from Mag Cloud
<http://viewer.zmags.com/publication/fd9eb27c#/fd9eb27c/1>

Visit and "like" us on Facebook www.facebook.com/BreastfeedingToday?ref=ts&fref=ts
 Enjoy your magazine!

Barbara Higham is a La Leche League Leader, managing editor of Breastfeeding Today and co-editor of LLLGB's Breastfeeding Matters. She lives in the spa town of Ilkley, West Yorkshire, in the north of England with Simon and their children, Felix (15), Edgar (11) and Amelia (7).
 Email: editorbt@llli.org

21. To Three and Beyond: Stories of Breastfeeding Children and the Mothers Who Love Them: Janell E. Robisch, United Kingdom

In mid-2014, Praeclarus Press is scheduled to release my book, *To Three and Beyond: Stories of Breastfeeding Children and the Mothers Who Love Them* (title subject to change). This book will focus specifically on the personal stories of mothers who decided to or found themselves nursing their children past their third birthday. My goal is to have this be like a La Leche League meeting for full-term-breastfeeding moms in a book. I am currently in the final stages of gathering these stories and will be submitting the book to the publisher early next year.

For more information on this project, I invite you to visit my blog (<http://tothreeandbeyond.blogspot.com>), Facebook page (<https://www.facebook.com/ToThreeAndBeyond>), Facebook community page (<https://www.facebook.com/groups/660759677271153/>), Twitter feed (<https://twitter.com/2ThreeAndBeyond>), or Google Plus page (<https://plus.google.com/100059992862095809186/posts>).

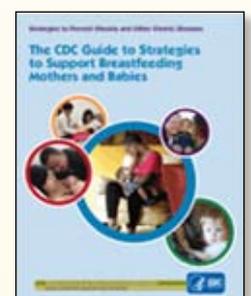
Janell E. Robisch is a full-time editor and writer who works from home. She has three children, who were all breastfed beyond the age of three. Janell is now actively homeschooling and enjoying life beyond the breastfeeding years.

22. The Center for Disease Control (CDC) Guide to Strategies to Support Breastfeeding Mothers and Babies: USA

Strategies to Prevent Obesity and Other Chronic Diseases: The CDC (Centers for Disease Control and Prevention) Guide to Strategies to Support Breastfeeding Mothers and Babies is an update of the 2005 The CDC Guide to Breastfeeding Interventions. It provides state and local community members information to choose the breastfeeding intervention strategy that best meets their needs.

Support for breastfeeding is needed in many different arenas including hospitals and birth centers, worksites, and communities. This Guide builds upon the research evidence demonstrating effective intervention strategies and offers relevant information for each including program examples and resources.

<http://www.cdc.gov/breastfeeding/resources/guide.htm>



23. Breastfeeding in Color: Iola Kostrzewski, USA

I grew up not knowing what breastfeeding was. Wait... no scratch that. I did see a mom on TV (television) breastfeeding once. I asked my mom what she was doing and she said "feeding her baby, because she doesn't have a bottle." That conversation never went any further; I still played with my dolls with their bottles, and never gave it another thought.

Speed up to me pregnant with my first son. I was introduced to the world of feeding your baby and at this point breastfeeding was introduced to me. I gave it a try, it lasted about 8 months and then to formula we went, only to turn around and use donor milk when formula was no longer the answer.

Speed up to my second son... we left the hospital scene and went to Morning Star, a birth center. I traded in my doctor for midwives and added a doula to the mix, and threw out every bottle. My breastfeeding relationship started off strong and has stayed strong. I am not saying if you give birth in a hospital or have bottles in your house you won't be able to breastfeed, just speaking from my experience. Yet something was missing.



Iola nursing her son at a Bellies, Boobs, and Brunch Event.



Iola's friend nursing her son at a poolside.

I could not put my finger on it but I knew something was missing. Breastfeeding my son was going great, we were 8 months strong. Then one day it hit me; it was the straw that broke the camel's back. A picture was posted on Facebook of a woman located in a village, in a country on the continent of Africa. It was of a mother breastfeeding her son, standing in front of a hut. This picture was a beautiful picture and I had no problem with it until I read the comments. A woman commented saying "it's nice to see a woman of color breastfeeding." I may have gone on a rant about how I am a breastfeeding woman of color and how for once I did not want to see a woman who stepped off the cover of a National Geographic Cover.

That is how and why my project **Breastfeeding in Color** was started. There is a need for more photos of moms breastfeeding their babies. This need isn't just for African American women but for women of

Asian, Native American, and Latin descent. Yet African American mothers are my main target at the moment. The breastfeeding rates of African American mothers, which have risen, are still low when compared to the breastfeeding rates of Caucasian mothers. I know this is because of health disparities, historical trauma, education and income status. However, I strongly believe pictures could play a part in whether a mother breastfeeds or not. These pictures will show that breastfeeding is not just a "white middle class" thing, but something every mother can do.

To date, I have received 10 photos for my project which will be launched during Breastfeeding Awareness Month. If I receive more photos that would be great, but, if not, I will still launch my gallery. I hope a girl sees them and does not go through her whole life until she is pregnant to find out what breastfeeding is. I hope that a mother sees them and knows that there are mothers who look just like her who breastfeed.

Iola Kostrzewski – I am the mother of two boys, ages 2 years old and 10 months. I am a babywearing educator, lactation educator in training and aspiring midwife. I also blog at whatthebeepamidoing.com
Email: babywearingapmama@gmail.com

CHILDREN AND BREASTFEEDING

Please send us your children's breastfeeding stories, quotes, or experiences. This could be something your breastfed child said or did; something an older child did to promote breastfeeding, or even a story you saw or read that pertained to children and breastfeeding.

24. Girls Club for Breastfeeding Dolls: Emily Kargauer Samansky, USA

My 6 year old daughter decided we need a girls' club. I'm pregnant and asked her if I could still come if the baby is a boy. She said sure, but only if the boy is still little enough to really need his mother. How long is that? 3 1/2 years. :) Later, she was nursing her baby doll. She told me the baby is a year old so she could have some solids after nursing. Guess some things we do around here sink in!

Emily Kargauer Samansky, Massachusetts, USA

25. My View from the Sling: A. Baby, Breastfeeding Expert

My parents have this thing about holding me close and wearing me using baby carriers. I guess I'm just one pretty lucky kid and here's why:

I admit it. I spit up a lot. And, er, I have gas sometimes. My little tummy feels so much better when I'm upright and pressed against mom.

Strollers – so bumpy and jarring. I'm too far away from Mom. And all I see are people's knees!!

Sometimes I get scared, like when I hear loud noises – or for no particular reason. So I just like it when mom or dad is right there.

Grandma says I'm pretty smart so that's why I like to be up high so I get to see everything that's going on! I know. I get crabby sometimes. Rocking in the baby carrier helps me relax and get to sleep.

I love when dad carries me! Sometimes he falls asleep on the couch with me on his chest. It's so funny when he rumbles and snores.

When mom uses her cellphone, she has both hands free to type those messages!

It's easy to let mom know I want to nurse. I wiggle around and make charming faces, maybe smacking my lips. If that doesn't work, I might suck on my hand a little bit. Mom notices pretty quickly. No need for that noisy crying thing. Soon, there's my snuggly snack!

It's not all perfect though. Sometimes I wonder what's with this because:

Mom keeps kissing me on my head and saying "Ooo, you smell so good."

Eating while wearing me? What am I? A napkin? I know they don't mean to, but sometimes they spill crumbs.

But overall, the truth is I don't like sitting around too much. I get bored. I like motion! Let's go!

The article is taken from Breastfeeding USA Horizons Newsletter August 2013, Volume 3 Issue 6

<http://www.breastfeedingusa.org/>

The authors of the above article are Gail Moak and Kate Kerr.

26. Breastfeeding according to a 3 year old: Malissa Campbell, USA

Nursing moms have all experienced the smiles, giggles, and even hand clapping by our babies to express their gratitude for our milk. As they grow, enthusiasm does not diminish.

My 3 year old: Mom, can I nurse?

Me: Yes, you may.

My 3 year old: Awesome! Wicked Cool!

 Malissa Campbell is a La Leche League Leader of a rural group in Illinois, USA. She is the proud homeschooling mom of 5 children. The oldest three were breastfed and the youngest two are still nursing. The children are: Simeon – 11, James – 9, Amos – 6, Annie – 4, and Jonah – 2 in November!

GRANDMOTHERS AND GRANDFATHERS SUPPORTING BREASTFEEDING

If you are a Grandmother, Grandfather or an older person, please send in your stories on how you provided support for mothers and babies. You can also write and tell us how you were supported by your grandparents or an older person.

27. Grandmotherly Reassurance: A Key to Breastfeeding Success

Susan Mocsny Thomas, USA

When my daughter and daughter-in-law gave birth to my grandsons and granddaughter, I was thrilled to travel to be with them. Providing breastfeeding support and grandmotherly reassurance to their families is a way to keep the connection with new family members. My daughter Erin and her family reside in Orange County, California, about an hour from Los Angeles where my son Ryan and daughter-in-law Leilani live. My husband and I live about 3,000 miles away in Massachusetts.

In June 2011, Leilani gave birth to her first child, Liam. Leilani had a natural labor with the assistance of her childbirth instructor/doula until her cervix was dilated to 7 centimeters, when her cervix got “stuck.” Apparently Liam’s size was larger than expected and labor was not progressing. After six hours of remaining at 7 centimeters and despite receiving Pitocin, an epidural, and using relaxation techniques, she had a cesarean section. She had sore nipples and some breastfeeding problems, and was seen by a lactation consultant. My son continued to encourage her to keep breastfeeding and she did. He told her “please hang in there until my mom gets here and she will help you.” When Liam was five days old, we arrived from our family reunion cruise and were able to reassure them about the course of early breastfeeding and reinforce the proper latch to help alleviate the soreness.

In August 2011, Erin gave birth to Duncan in an uncomplicated home delivery. Soon after birth, he developed jaundice due to a poor latch. I had requested time off from work and made plane reservations based on her due date. My flight was scheduled to fly to California to be with Erin during labor and postpartum but she delivered almost three weeks early. Fortunately, I was able to virtually be “with her” at the delivery. My sister had stopped by their house to bring them dinner and ended up staying per Erin’s request. Then she sent photos to my phone, called me when delivery was imminent, and put me on the speakerphone. I could hear Erin quietly pushing and Duncan’s first cry. I was also able to help Erin find lactation consultation help after Duncan’s jaundice was resolving. I finally was able to be there to help out when he was 10 days old. Leilani was about six weeks postpartum at the time and still needed my support as well. It was an exciting time for the sisters in law, with baby boys born five weeks apart!

When Leilani announced she was expecting her second baby in March of 2013, I knew in a minute that I would be there for her if she wanted me. She desperately wanted to have a natural delivery. With her second pregnancy, Leilani saw her original obstetrician but became more and more convinced that she would end up with a repeat cesarean if she continued with this physician. She and Ryan decided to see a midwifery group who did birth center and home births, with obstetrician back up. She became more



Susan is holding Duncan on the left side looking at the photo, Keira is on her lap, and Liam is on the right side. Such joy!.

confident as time went on that home birth would be best for them and it would avoid being separated from 20-month-old Liam and lower the chances of a repeat cesarean. We talked. I told her I would be there around her due date. I asked Leilani if she would rather have me there around the due date or plan to arrive about a week later, giving her and Ryan some time with the new baby. She agreed that a week later would be good, so I again requested time off work and made flight reservations to arrive on March 17th. Erin volunteered to be there during her labor. Duncan was with her so Liam would have his cousin nearby since they get along so well. Ironically, when Leilani was in labor, Liam had no trouble with sleep, but Duncan never closed his eyes until after his baby cousin was born and he was able to see her. Little Keira was born just before 1:00 A.M. on March 7, a successful home birth. She began nursing as if she had always known how.

I arrived in California on March 17 and met little Keira. Since my flight landed late, Liam was asleep so I cuddled with my first granddaughter for a while. Leilani and Ryan were glad I was there. Ryan needed to get back to work instead of running back and forth to check on them and to bring meals. I had the opportunity for a wonderful visit with my son and his family as well as with my daughter and her family. Erin and Duncan were able to come almost every day to visit and play. We were also able to travel a short distance to my parents' house so they could enjoy their great-grandchildren.

I truly believe that family support is key to early success in breastfeeding. That, and my daughter's and daughter-in-law's strong determination to breastfeed, compounded with their deciding to have births with as few interventions as possible, made their breastfeeding successful. My grandson Duncan continues to breastfeed. My grandson Liam self-weaned just before his sister was born. My granddaughter Keira is breastfeeding well – a happy and healthy baby.

We continue to connect by computer, phone call, text messages, and mobile phone FaceTime or Skype for face-to-face conversations. This has meant so much to me, to see the grandchildren as they mature and develop and now to hear them call me Grammy. It helps them to keep me as an important person in their lives and makes our visits seem more seamless, without having to have them get used to me each time we see each other in person.

Susan Mocsny Thomas lives with her husband Brian. They travel between their homes in Westborough, Massachusetts and Pinehurst, North Carolina, USA. Since 1981, Susan has been an active La Leche League Leader and has three adult children – Ryan, Erin and Kyle. She is a registered nurse and for the past 20 years has worked at a hospital labor and delivery unit. Her grandchildren are Liam, Duncan, and Kiera. In her spare time, she enjoys reading and playing golf.
Email: SThomas826@gmail.com

Editor's Note: *We would like to thank Fran Dereszynski, Continuum Editor, LLL Alumnae Association, for this article from the LLL Alumnae newsletter, Continuum.*

28. Experience of a First Time Grandmother: Maria Lúcia Futuro Mühlbauer, Brasil

It was a joke among my friends that I had a MMISN (Envious Women's Movement Without Grandchild) card. All my friends already had a grandchild and I, with more children, had none! I was going to be 60 years old and no grandchildren! But last Christmas, we received news that our oldest daughter, who lived in another city, was 3 months pregnant!! And she was being transferred to work in the State of Rio de Janeiro, where we live.

The baby would come in about a month after their move! Many things would need to be taken care of for the birth, a place to live and work and they were so happy; the couple was mature, each 35 years old, and professionally stable.

Soon further news, my second daughter was expecting a baby in January 2014!!! For a woman without grandchildren I would have 2 grandchildren very quickly!!! The joke then was that I not only tore up the MMISN card but burned it to pieces!



I had a lot of emotions, questions, conflicts, warnings, learning from friends who are already grandparents!! The wishes of the parents first! My first self-imposed rule! As a very proactive person, with a lot to do and meditating only a little, I needed to take care to not invade parental space.

The proximity of the birth and the difficulty in finding a place for them to live could have been easily solved as my house has a lot of space. Her two brothers who still live with me would be pleased to give up their room in preparation for the baby. But knowing my daughter and myself, there would be a constant tension as we are very different in how we manage a house.

Finally they found an ideal place in the neighbourhood, close enough to walk, about 20 minutes and even quicker by car, bus or bicycle! Really ideal, with the sun in the morning and afternoon, airy, bright and on a quiet street.

There was a panic attack in the last 20 days before the move, but everyone helped and things were arranged little by little and yet today there are boxes that haven't been opened.

José was born after a few days of labor, with total dilation and a cord that confused the issue as he was about to be born. First fright: Emergency Operation in "45 minutes into the second half" as they say in soccer country... but despite the presence of some meconium, it all worked out in the end. Leaving the maternity ward, he appeared to be slightly yellow, but with a good tan, ... and eyes closed, the blood test confirmed his good health.

The following week was one of adaptation, him nursing, everyone adapting to the baby, me giving space to the parents to take care of him, and me taking caring of my daughter, the food, and diapers and clothes. The baby looked increasingly yellow before completing a week of age. His pediatrician requested another test as he was really worried. The baby was finally admitted into the Neonatal Intensive Care Unit for treatment of a common infection caused by bacteria. In short, he was hospitalised for 14 days, with all the confusion possible for breastfeeding that can happen, even giving a bottle when his mother was in the next room full of milk, during a procedure to collect urine "to have more fluid and drain faster" as if breastmilk was anything but liquid.

The family was kept away from visits. Only the parents with baby were allowed maximum time by the hospital (one unit with 45 babies!! It is hard to keep all the parents inside day and night). I could only bring from the house, food, clean clothes, provide rides home, and be a presence in the hallway whenever possible.

Discharged, still with jaundice to be cleared but all tests were inconclusive. Adapting to the breast, small baby, minimal weight gain, frequent examinations, consultations with recommended experts and I, the grandmother learning to be calm as the parents chose to live each day without anticipating suffering or negative possibilities. And I without interfering (how nice!), accepting the limits of not being radical, not giving an opinion or criticizing the behavior of the professionals regarding breastfeeding.

The network of friendship and solidarity that came with José's arrival is a life road that only those who have experienced it can describe. Many people wanted to visit yet respected the medical restrictions, still supporting us all the time! We realise how important and loving friends are at these times.

I feel very proud as I watch the slow recovery of little José, of my daughter and son-in-law, the way they came through the difficulties that arose and how they are at peace. What I acknowledge is the learning that my Amigas do Peito grandparents allowed me to carry on in conversations and meetings that the mothers in support groups offered when they reported difficulties with their own mothers. I still do not know if I will be able to follow my intentions to not intervene, not invade, to respect as I am still in the beginning of this new stage of grandparenting. I am, however, enthusiastically writing children's books, joining storytellers' groups and exercising regularly to keep fit to be able to carry two babies in my arms at the same time, if necessary.



My daughter with her baby.

 Maria Lúcia Futuro Mühlbauer, mother to 5 adult breastfed children and grandmother to José. Amigas do Peito member since 1984, member of IBFAN Brasil since 1987, Specialist in Education through Play and author of children's books.

Email: mluciafuturo@gmail.com

Website: amigasdopeito@amigasdopeito.org.br

BREASTFEEDING, HIV and AIDS

29. Breastfeeding Lowers HIV Risk

Exclusively breast-fed babies whose mothers are HIV positive have a lower percentage of contracting HIV from their mothers, compared to those who are not breast-fed for the first six months. According to experts, the risk of transmission for babies who are breast-fed is 4 per cent, while those who are not is 10 times more.

Dr Phillipa Musoke, an associate professor at the Department of Paediatrics and Child Health at Makerere University, says breast milk does not irritate the gut, digests easily and as such, the lining of the gut remains intact and the virus does not get into the blood stream. "If you mix feed, breast feeding and formula or cow milk, they irritate the gut," she said.

<http://www.monitor.co.ug/News/National/Breast+feeding+lowers+HIV+risk/-/688334/1934556/-/qgme0t/-/index.html>

WEBSITES AND ANNOUNCEMENTS

30. Check out these Websites

Factors associated with the introduction of prelacteal feeds in Nepal: findings from the Nepal Demographic and Health Survey 2011: Vishnu Khanal^{1*}, Mandira Adhikari², Kay Sauer^{1,3} and Yun Zhao¹

<http://www.internationalbreastfeedingjournal.com/content/8/1/9>

Free WHO publication: BABY-FRIENDLY HOSPITAL INITIATIVE, Revised, Updated and Expanded for Integrated Care

<http://www.ncbi.nlm.nih.gov/books/NBK153471/pdf/TOC.pdf>

The Australian infant nutrition sector has modified its marketing practices to minimize the sales and profit impact of the World Health Organisation (WHO) International Code of Marketing of Breast-milk Substitutes, an Australian advertising study has found.

<http://www.foodnavigator-asia.com/Policy/Aussie-firms-modified-infant-nutrition-marketing-to-minimize-WHO-Code-impact-says-study>

While breastfeeding during her 5-hour flight, the mother was treated poorly by an American Airlines flight attendant. In response to contacting the customer service, American Airlines outlined their policy requiring nursing mothers to "cover-up." The federal government and nearly every state have laws in place that protect women nursing in public. Are the legal rights of breastfeeding infants really lost when the plane leaves the ground?

<http://anurturingmoment.blogspot.com/2013/08/a-challenge-to-american-airlines.html>

Tupelo mall apologizes to breastfeeding moms. Officers 'mishandled' situation. Tupelo, Mississippi, USA
<http://www.clarionledger.com/article/20130806/NEWS/308050021/Tupelo-mall-apologizes-breastfeeding-moms>

World Breastfeeding Week videos (in Spanish) produced by LLL Queretaro and LLL San Luis Potosi, Mexico

https://www.youtube.com/watch?v=c_nw8JkQ5ss

<https://www.youtube.com/watch?v=vBiQJM9BD1Y>

United States Breastfeeding Committee: National Breastfeeding Month and its activities

<http://www.usbreastfeeding.org/Communities/BreastfeedingPromotion/NationalBreastfeedingMonth/tabid/209/Default.aspx>

Birthing Magazine provides expectant and new families with unbiased information on natural pregnancy, birth and early parenting options. Personal birth stories, feature articles, pregnancy and childbirth FAQs, local resource guide, Birth unlimited.

www.birthunlimited.ca

Breastfeeding Promotional Advertisement

<http://motherloveblog.com/2013/08/05/a-collection-of-breastfeeding-promotion-ads/>

The Breastfeeding Rap

<http://commonhealth.wbur.org/2013/09/teach-me-how-to-breast-feed>

Doctors Without Borders share video on Breastfeeding Mother Support/Peer Counseling in the Middle East in Arabic with English sub-titles.

<http://vimeo.com/68042168>

"There is no other single health intervention that has such a high impact for babies and mothers as breastfeeding and which costs so little for governments," said UNICEF Deputy Executive Director Geeta Rao Gupta. "Breastfeeding is a baby's 'first immunization' and the most effective and inexpensive life-saver ever."

<http://www.unfoundation.org/assets/pdf/world-breastfeeding-week.pdf>

The Shar-pei has a reputation for chasing a local cat, has never been pregnant yet took to an abandoned kitten and began nursing it.

http://www.mnn.com/family/pets/stories/cat-chasing-dog-adopts-a-kitten?utm_source=Freekibble&utm_medium=Quiz&utm_campaign=Sept52013

Milk Matters – Mothers expressing milk for others is a Cape Town based charity organisation that collects and supplies breastmilk to babies deprived of their mothers' milk, giving them the best possible start to life.

<http://www.milkmatters.org/>

To subscribe to Expression – Milk Matters' Newsletter, please email: info@milkmatter.org

Fathers, Breastfeeding & Bonding by Dr. Lucas Godinez, DO, IBCLC

<http://lactationmatters.org/2013/08/17/fathers-breastfeeding-bonding/>

Cricketer Sarah Elliott scored her century* between breastfeeds. Australian sporting marvel breastfed her nine-month-old baby during lunch and tea breaks at the women's Ashes – and hit a ton.

http://www.theguardian.com/sport/2013/aug/14/test-womenscricket?CMP=tw_t_gu

* In cricket, a century is a score of 100 or more runs in a single inning by a batsman.

The Milky Way Breastfeeding Film: Every Mother has a Story.

<http://www.kickstarter.com/projects/5176743/the-milky-way-movie-nursing-a-galactic-revolution>

'Nursing is Natural...Naturally Beautiful' Photo Exhibit Aims To Normalize Breastfeeding

http://www.huffingtonpost.com/2013/06/19/nursing-is-natural-naturally-beautiful-n_3466675.html#slide=2588274

31. Announcements: Past and Future Events

- 12 May – 16 June 2013:** iMothering Talks, Talks on-line.
www.iMothering.com
 iMothering is a new concept created for mothers by mothers
- 28–30 May 2013:** The 3rd Global Conference, Women Deliver 2013, Kuala Lumpur, Malaysia. For further information see
<http://www.cvent.com/events/women-deliver-2013-conference-registration/event-summary-ccfb71484fb4492da451fabcc2679863.aspx>
- 15 June 2013:** 8th Annual National Fatherhood Conference, Redwood City, California, USA
register@daddyuniv.com <http://daddyuniv.com/>
- 18–19 June 2013:** Puerto Rico San Juan Inaugural Caribbean Regional – Fatherhood and Healthy Families Institute, Father and Families Coalition of America
- 25–28 July 2013:** International Lactation Consultant Association®2013 Annual Conference & Meeting, Born to Breastfeed: A Global Public Health Imperative, Melbourne, Australia
http://www.ilca.org/files/events/ilca_conference/2013_Conference/Registration_Brochure.pdf
 If you have any questions, please contact registrar@ilca.org
- 1–7 August 2013:** World Breastfeeding Week – *Breastfeeding Support: Close to Mothers*
- 2–3 August 2013:** First International Symposium of Perinatal Mental Health, Medellin, Colombia.
 Interdisciplinary dialogue on the well-being and mental health of women and their babies during preconception, pregnancy, childbirth and postpartum.
<http://simposioperinatal.ces.edu.co/>
- 8–9 August 2013:** Reaching our Sisters Everywhere (ROSE) is having their 2013 Breastfeeding Summit Organizing for Action in Atlanta.
<http://www.breastfeedingrose.org/>
- 5 – 8 September 2013:** 8th International Neonatal Nursing Conference 2013, New Knowledge New Care, Belfast, Ireland.
<http://coinn2013.com/>
- 15 September – 31 October 2013:** iLactation Conference online, Breastfeeding: Navigating the bumps.
www.iLactation.com
- 9-11 October 2013:** Global World Breastfeeding Trends Initiative (WBTi) Review Workshop, New Delhi, India
<http://ibfan.org/upload/files/Concet-Note-WBTi-WS.pdf>
- 12 October 2013:** Global Initiative on Mother Support (GIMs) – Breastfeeding Collaboration Meeting, Bandar Baru Klang, Malaysia, WABA Local Governance Coordinator. For further information email norjinah@bibmalaysia.org
- 11–23 November 2013:** A Regional Outreach Course by the Infant Feeding Consortium, United Kingdom, and WABA, Penang, Malaysia. To know more about the course, please contact WABA at info@waba.org.my
- 21–24 November 2013:** 18th Annual International Meeting of the Academy of Breastfeeding Medicine, Philadelphia, USA
<http://www.bfmed.org/Events/Details.aspx?ID=30>
- 23–26 July 2014:** 2014 ILCA Conference, Breastfeeding in the Real World: Meeting the Challenges, Phoenix, Arizona, USA

32. To Remember – Dr. Carlos Beccar Varela, Argentina

Dr. Carlos Beccar Varela who passed away on the September 3, 2013 is remembered by many with love.

“ My first approach to breastfeeding was his book that accompanied me during those first months of my first daughter. I remember reading it literally all the time that I could. I believe there are parts that I know by heart. It was this reading that helped me connect to this world and closer to LLL. ”

– Florencia Basaldúa

“ Like my friends, the first was his book which I always consulted. We were glad when he came to Mar del Plata to give a conference but actually it was a very pleasant talk, always so near and captivating. I remember him with much love for one who was great in life. ”

– Gladys Lizardo

“ I remember him as one of my first teachers in breastfeeding in 1982, an exceptional man. An extraordinary person, a generous doctor, humble in transmitting his knowledge and in telling all that he learnt from the mothers themselves. ”

– Monica Tesone

“ I am terribly shocked by the loss of our great Teacher. He was the light that lit our first steps in this beautiful path of mother to mother support. He was our mentor, our friend, knew how to give with humility, the best lessons from the scientific point of view and more so the human viewpoint. He was the kind of person being a pioneer and great, never made his unparalleled service to our society, about fame nor money. Thank you Carlos for your wisdom, your knowledge, your understanding and for your low profile, selfless giving of all your experience. I will never forget dearest TEACHER!!! ”

– Virginia Citrinovitz

“ A great person whom I met more than 30 years ago and was the first to train me on the road to breastfeeding support. A very great loss. Will always remember him. ”

– Bárbara Cameron.

“ I was struck by his respect for people, for mothers and their circumstances. I loved the way he explained step by step and the teachings to address updates. A low profile person, but warm. I have great memories of him. He is unforgettable. ”

– Marcela Echeverría.

“ This man made us love breastfeeding who are now working on some aspect of this theme and come closer to many mothers needing help when perhaps his written word was the only thing available. So clear, simple, explained in easy words to be able to understand the message. ”

– Myriam Da Silva

“ The small book of the Doctor accompanied me in my first breastfeeding. Alone with my baby, without mother or mother-in-law, sister or doctor who listened to me or had an experience to support me...I breastfed with this book by my side. I consulted and clung to it as a pole in the midst of a hurricane. It saved me from many problems that I faced in the beginning and when I could look up, I read more and began the long journey which brought me here (LLL Leader). I will always remember him because he accompanied me closely with his work, so passionate about breastfeeding and I will always be thankful. I am very sorry for his loss. ”

– Claudia Balverdi

“ I had his book, Lactancia Feliz on my night table for support since my first son. Thanks to a talk by a Leader in my antepartum course who spoke of it, I rushed to buy it and read it within a few days. It gave me confidence that I would be able to, even with all my difficulties in the first weeks. I would leaf through it, go over and see what I should do to overcome that difficulty. Undoubtedly he was a man who left a mark, transcending death for having touched the lives of many mothers and their children, some of them today perhaps are mothers or fathers. His legacy is in these testimonies. I participated in one of his talks in Mar del Plata, humor in his stories and the love for what he preaches. Sincere condolence to his family ”

where as a father and husband lived breastfeeding with a special sensitivity and transmitted his knowledge to others. Thank you.

– Sandra Ramirez

..the shared talks at the LLL centre with the support groups together with Marta Maglio. Of course, it was 25 years ago but I remember his simplicity and forcefulness. What I could experience when I travelled sometimes to Buenos Aires.

– Viviana Lorenzo

I will always remember your good humour, jokes at the start of the classes creating a warm and relaxed atmosphere for learning and for “Breaking the Stress” as we say. Thank you for spreading and valuing our role among your colleagues and members of the health team. Thank you for all your teaching which today we share day by day with the mothers. Until Always, Teacher!!!

– Alejandra Storni

The first book on Breastfeeding I read with my first daughter was of Carlos Beccar Varela. Actually the book was lent to me by an acquaintance who could not breastfeed her first son but thanks to the book was informed and felt more confident with her second son whom she succeeded in a happy and prolonged breastfeeding. So for every pregnant woman I met, I lent her the book and when it was time to return it, each mother wrote in the final page: “Thanks to this book I breastfed...” and each mother mentioned her child. This book is a true source of information and security, a motor that drove me to breastfeed my daughter. Shortly LLL appeared but the first door that I opened in breastfeeding was his book which of course I read and reread. Written in a simple and clear manner, transmitted the importance of breastfeeding in the relation of mother and child. I would like to say THANK YOU Carlos Beccar Varela for allowing me to open the door to this theme so wonderful and important in my life and in the lives of everyone: mothers, babies, families and all the society.

– Ana Arias

NEWSLETTER INFORMATION

33. Submission of Articles and Next Issue

We welcome articles of interest for this newsletter which may be any actions taken, specific work done, investigations and projects carried out from different perspectives and from different parts of the world which have provided support to women in their role as breastfeeding mothers. We are interested in articles that support GIMS for Breastfeeding and that address support from fathers, children and grandparents.

The guidelines for contributing an article are as follows:

- Up to, but not exceeding 250 words.
- Name, Title, Address, and e-mail of the author
- Affiliation
- Brief biography (5-10 lines)
- Web site (if available)
- Please be specific in including details where relevant: names of places, persons and exact dates.

If there is a lot of information, please write a summary of 250 words or less, provide a website url or link for readers to access the full report or article.

34. How to Subscribe/ Unsubscribe to the Newsletter

Please share this newsletter with your friends and colleagues. If they would like to receive the newsletter, please ask them to email: gims_gifs@yahoo.com and specify the language (English, Spanish, French and Portuguese) in which they would like to receive the newsletter.

For further information, please write to: Pushpa Panadam pushpapanadam@yahoo.com and Rebecca Magalhães beckyann1939@yahoo.com

Support Breastfeeding –Support the MSTF E-Newsletter: MSTF Coordinator and Editors

The first issue of the MSTF E-Newsletter was sent out in the last quarter of 2003. The first 8 issues of the newsletter were published in 3 languages: English, Spanish and French. The Portuguese version of the newsletter first appeared in Vol. 3 No 4 in 2005. The Arabic newsletter was started in 2011.

The newsletter is a means of communication that reaches out to breastfeeding mothers, fathers, organizations and supporters sharing stories and information. The newsletter helps all of us who work in breastfeeding to feel supported and appreciated in what we do and to improve how we help mothers, fathers, families and communities in breastfeeding.

However, our newsletter needs support too. You can help by disseminating each issue of the newsletter and letting us know:

1. how many are receiving it directly from the newsletter editors
2. how many are down loading it from the WABA website
3. how many are receiving it through you, a subscriber
4. how many are reading the newsletter through printed copies from your organization when there is no easy access to internet.

The opinions and information expressed in the articles of this issue do not necessarily reflect the views and policies of WABA, the Mother Support Task Force and the Newsletter Editors. For further information or topic discussion, please email the authors directly.



The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. Its core partners are International Baby Food Action Network (IBFAN), La Leche League International (LLL), International Lactation Consultant Association (ILCA), Wellstart International, and the Academy of Breastfeeding Medicine (ABM). WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

WABA, PO Box 1200, 10850 Penang, Malaysia • Tel: 604-658 4816 • Fax: 604-657 2655

Please be informed that WABA has now changed its email address to the following:

1. General matters: waba@waba.org.my
2. Information & queries: info@waba.org.my
3. World Breastfeeding Week: wbw@waba.org.my

Website: www.waba.org.my

The MSTF is one of seven task forces that support the work of the World Alliance for Breastfeeding Action

When a mother kisses her baby, she 'samples' those pathogens that are on the baby's face. Those are ones that the baby is about to ingest. These samples taken up by the mother's secondary lymphoid organs like the tonsils, and memory B cells specific for those pathogens are re-stimulated. These B cells then migrate to the mother's breasts where they produce just those antibodies that the baby needs.

– Lauren Sompayrac, author of *How The Immune System Works*.

Quote from *Why Mothers Kiss Their Babies* by Judie Rall in *Birthing Magazine*

<http://www.birthingunlimited.ca/parenting/23-why-mothers-kiss-their-babies.html>